2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003204

1. Entity Name
THE RESCUE MISSION ALLIANCE OF SYRACUSE, N.Y., INC.

Principal Place of Business	Mailing Address
155 GIFFORD STREET SYRACUSE, NY 13202	155 GIFFORD STREET SYRACUSE, NY 13202

01272006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
15-0532146
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BECKER, EDWARD
5560 BEE RIDGE ROAD
SARASOTA, FL 34233

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000423411
02/18/06-80006-024 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, CHARLES R
STREET ADDRESS	6306 MUSTANG ROAD
CITY-ST-ZIP	BALDWINSVILLE, NY 13027
TITLE	P
NAME	WOOD, THOMAS J JR.
STREET ADDRESS	4 HUNGTINGTON LANE
CITY-ST-ZIP	CAMILLUS, NY 13031
TITLE	VP
NAME	WAKEFIELD, JOHN D
STREET ADDRESS	7 WOODVIEW TERRACE
CITY-ST-ZIP	FAYETTEVILLE, NY 13066
TITLE	S
NAME	GRABER, DONNA
STREET ADDRESS	500 SOUTH SALINA STREET SUITE 1000
CITY-ST-ZIP	SYRACUSE, NY 13202
TITLE	T
NAME	WRIGHT, STUART M
STREET ADDRESS	3860 CHARLES ROAD
CITY-ST-ZIP	CAZENOVIA, NY 13035
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles K. Parker 1/27/06 (315)701-3850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #